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|---|---|------------------------------------|---|-------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/524,644  | <b>FILING OR 371(c) DATE</b><br>01/05/2006<br><b>RULE</b>   | <b>CLASS</b><br>072                | <b>GROUP ART UNIT</b><br>3725   | <b>ATTORNEY DOCKET NO.</b><br>23172 |                                |
| <b>APPLICANTS</b><br>Karl Hermann Claasen, Moers, GERMANY;<br>Uwe Muschalik, Duisburg, GERMANY;<br><br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/DE03/02621 08/05/2003<br><br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 102 36 297.1 08/08/2002                   |   |                                    |   |                                     |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>8            | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>535   |   |                                    |   |                                     |                                |
| <b>TITLE</b><br>Main cylinder or press cylinder of an extrusion/tube extrusion press  |   |                                    |   |                                     |                                |
| <b>FILING FEE RECEIVED</b><br>1030  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                                |